Our Vision
To provide every patient with the care we want for those we love the most

Norfolk and Norwich University Hospitals NHS
NHS Foundation Trust

# MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC

## THURSDAY 28 JULY 2016

A meeting of the Council of Governors in public will take place at 10am on Thursday 28 July 2016 in the Boardroom of the Norfolk and Norwich University Hospital

## AGENDA

| | Item | Lead Director | Purpose | Page No |
|---|---|---|---|---|
| 1 | Apologies and Declarations of Interest | | | |
| 2 | Minutes of the meeting held in public on 26 April 2016 | | Approval | |
| 3 | Matters arising | | Discussion | |
| 4 | Chief Executive's Report | CEO | Information | |
| 5 | Annual Report and Accounts 2015/16 | SB | Information | |
| 6 | Infection Prevention and Control Annual Report 2015/16<br>*Dr Ngozi Elumogo (Director of Infection Prevention and Control) atttending* | EM | Information | Presentation |
| 7 | Integrated Performance Report (July 2016) | All | Information | |
| 8 | 'NNUH PRIDE values into action campaign' | JO | Information | Presentation |
| 9 | Membership Analysis and Update | JB | Information | |
| 10 | Selection of one of the 2016/17 Quality Priorities for audit | PC | Approval | |
| 11 | Advance Notice Questions | | | |
| 12 | Any other business | | | |

**Date and Time of next Board meeting in public**
The next Council of Governors meeting in public will be at 10am on Tuesday 25 October 2016 in the Boardroom of the Norfolk and Norwich University Hospital

**Distribution:** Council of Governors, Board of Directors and Trust website
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# MINUTES OF COUNCIL OF GOVERNORS MEETING

## HELD ON 26 APRIL 2016

| | | |
|---|---|---|
| **Present:** | Mr J Fry | - Chairman |
| | Mrs E Betts | - Breckland (public) |
| | Mr N Burgess | - Medical (staff) |
| | Mr B Cushion | - Broadland (public) |
| | Mr T Davies | - Volunteers/Contracted (staff) |
| | Mrs N Duddleston | - Breckland (public) |
| | Ms C Edwards | - North Norfolk (public) |
| | Miss S Ginty | - Nursing (staff) |
| | Mrs I Grote | - Great Yarmouth/Waveney (public) |
| | Mr K Jarvis | - North Norfolk (public) |
| | Mrs J King | - Broadland (public) |
| | Mr J Labouchere | - Breckland (public) |
| | Mr T Nye | - Broadland (public) |
| | Mr P Postle | - Norwich (public) |
| | Ms J Scarfe | - South Norfolk (public) |
| | Cllr B Watkins | - Norfolk County Council (partner) |
| **In attendance:** | Mrs J Bradfield | - Senior Communications & Membership Manager |
| | Mrs S Budd | - Acting Director of Finance |
| | Mr P Chapman | - Interim Medical Director |
| | Mr M Davies | - Chief Executive |
| | Mr J P Garside | - Board Secretary |
| | Mrs E McKay | - Director of Nursing |
| | Mr J Over | - Director of Workforce |
| | Mr R Parker | - Chief Operating Officer |
| | Ms V Rant | - Assistant to Board Secretary |
| | Miss S Smith QC | - Non-Executive Director |
| | Members of the public | |

16/011 **APOLOGIES**

Apologies were received from Mr Aldus, Mr Brighouse, Ms Burt, Dr Dhesi, Ms Ford, Mr Nye, Mrs Pandya and Mrs Worman.

16/012 **MINUTES OF PREVIOUS MEETING HELD ON 24 FEBRUARY 2016**

The minutes of the meeting held on 24 February 2016 were agreed as a true record and signed by the Chairman.

16/013 **MATTERS ARISING**

The Council reviewed the Action Points arising from its last meeting as follows:

16/004 Carried forward. Arrangements will be made for governors to receive a briefing on our plans for implementing an electronic patient record. **Action: Mr Garside**

16/007 Mrs Bradfield reported that governors wishing to participate in the review of our Membership Strategy attended the first meeting of the Membership Steering Group held on 26 April 2016.

16/007 Governors were advised that Mr Postle has joined the Mortality Committee.

16/009 Mrs Bradfield has re-circulated details of the Health Hacking event to the Governors.

16/014 **CEO REPORT**

The Council received a report from Mr Davies concerning the performance of the Trust in key areas and strategic developments.

(a) Care Quality Commission (CQC) Inspection

Mr Davies informed the Council that the CQC report had been received and the results shared with our staff. We have accepted the findings of the CQC report and welcomed the opportunity to learn from its observations. Work is underway to look at the key themes arising in the report and to develop action plans in response. It is expected that the CQC will perform another inspection in a year or so. We will welcome a repeat visit- so that we can demonstrate the progress that the Trust is making.

(b) Strategic Developments

A key element arising in the CQC findings was the impact on the Trust of excessive operational pressure. Our strategic plans need to respond to that pressure on our staff, systems and buildings – so that we can provide the best service to patients. At the Council meeting in February, Mr Simon Hackwell (Interim Director of Strategy) discussed the significant increase in demand that our organisation has experienced and the Board will be considering strategic plans in a number of areas to address increased activity.

(i) One key area for development is in relation to our role as a centre for specialist tertiary services. There is a growing need for these services in line with international best practice and to enable the provision of better patient outcomes, improved experience and efficiency. Our first step will be to look at ways of increasing capacity for the Interventional Radiology Unit, Catheter Lab and Critical Care Complex.

(ii) The second area identified to relieve pressure relates to provision of diagnostic capacity and outpatient/short stay surgery. The Trust was fined by the CCG for not meeting the 18 Week RTT target as it could not treat elective patients due to high emergency activity demand. The Board will be considering proposals for the development of an Ambulatory Care and Diagnostics Centre (ACAD) which will focus on increasing capacity for performing diagnostic procedures and treating day case patients.

(iii) Consideration is also being given to options to increase the children's area within A&E. This is an issue specifically recommended by the CQC.

(iv) The Quadram Institute will double capacity for the Gastroenterology and Endoscopy Unit with relocation of this service when the Institute opens in 2018.

Mr T Davies asked if consideration would be given to expansion of the A&E Department at the same time as expansion of the children's area. Mr Davies explained that the review would take into consideration the entire function of A&E. Mr Parker informed the Council that the Board would be considering a range of options to improve A&E services.

Mrs Edwards asked if capacity at Cromer and District Hospital would also be considered in the options to relieve pressure on the NNUH site. Mr Davies confirmed that space at Cromer Hospital and elsewhere would be taken into consideration in any potential plans ensuring that the best use is made of this. The services provided at Cromer are very

popular and a valuable contribution. The overarching fact is however that demand is increasing and we have a duty to establish plans to meet the needs of patients.

Mrs Grote asked who would be responsible for funding the proposed expansion plans. Mr Davies confirmed that the Trust would be responsible for funding. Income would be generated through our increased capacity to treat patients but also through reducing inefficiencies caused by the over-congestion of the hospital. Last year, the Trust incurred fines of £9m because it was unable to treat patients within the required timescales. This was money that we would otherwise have been available to invest in implementing our plans to increase capacity for treating patients.

Mr Labouchere asked by how much capacity needs to be increased to achieve the national performance targets. Mr Parker explained that the situation is different for different targets. Regarding cancer, the gap between our current performance and the target level is just a few patients in a few specialities. Concerning A&E, performance was at 83% in April against the 95% target. This is relatively good compared to many other Trusts in the country but we have plans in place to ensure that we are one of the better performing trusts in the country. This requires more senior staff in A&E and beds to be available in the hospital.

Regarding RTT, the Trust is currently negotiating the 2016/17 Contract with the CCGs in order to agree an achievable trajectory that will return performance to 95%. This is however heavily dependent on the level of emergency demand, the number of patients in hospital who no longer require our services, and our ability to implement plans to increase our capacity.

Mr Davies informed the Council that our capacity shortfall by 2020/21 is expected to be 4 theatres, 5 CT scanners and 5/6 MRI machines. The ACAD would address some of this capacity shortfall in the long term. Increasingly our service will be less 'bed-orientated' and much of the patient pathway for frail elderly patients can be focussed on community provision.

Mrs Grote asked whether we might face fines as a consequence of the industrial action by the junior doctors. Mr Davies explained that this might occur – since we have been obliged to cancel many operations and clinic appointments, resulting in longer waiting times.

Mr Davies informed the Council we cannot allow ourselves to be exposed to the risk of fines and penalties that arose this year – as this will have such a detrimental effect on our financial position and ability to invest in future services for patients. Mr Fry confirmed that the Board will be carefully considering the contractual negotiations at its next meeting.

Mr Cushion asked if other developments would be held up by the work underway to build the Quadram Institute. Mr Davies explained that there is no obvious reason why this should be the case. We will need to co-ordinate moves of departments etc but the other strategic plans are not dependent on the Quadram. The Quadram is part of our moves to create additional capacity and will provide space for more day case work but there is still a need to develop the other areas of our services and the Board will be looking at more detailed plans for these over the summer.

16/015 **INTEGRATED PERFORMANCE REPORT**

The Council received for information a copy of the Integrated Performance Report for March 2016.

Mr Parker informed the Council that February had been a very challenging month especially in A&E. Performance towards the targets for A&E and Cancer are however now showing signs of improvement and performance in A&E to date in April is at 83%.

Performance against the cancer 62 day target was 81.3% and the recovery trajectory aims to deliver the target from June 2016. Achievement of the 18 Week RTT remains challenging due to the high levels of emergency activity; when our beds are utilised for patients requiring emergency admission we cannot use them for patients requiring elective surgery.

Mrs Edwards expressed concern that our performance was worse than other acute trusts in relation to the indicator on the NHS Patient Safety Thermometer for pressure ulcers (all). Mrs McKay explained that avoidance of pressures ulcers is a high priority and our staff work hard to avoid occurrence. The data for these figures is collected as a 'snap shot' on one day. The indicator for number of pressure ulcers (all) is difficult to address as this is influenced by the high number of patients who are admitted to this hospital with existing pressure ulcers. Although the figure has increased in March, we have historically been below the national average for patients acquiring pressure ulcers under our care.

Miss Ginty explained that the data gathered for national collections, such as the NHS Patient Safety Thermometer, is not always comparable between hospitals. There is however evidence of good practice in this Trust in patients whose ulcers have improved during their stay. A high proportion of patients who acquire pressure ulcers in our care are very sick patients with co-morbidities. Whilst some cases cannot be prevented we endeavour to learn from every case.

Mrs Edwards asked if the incidence of pressure ulcers increases during times when we are using high numbers of agency staff and what action is being taken to increase the number of staff on the NNUH nurse bank.

Mr Over explained that a number of different routes are being explored to increase nursing numbers this year including increased recruitment of nurses graduating from the UEA, overseas recruitment, expansion of the apprenticeship programme and introduction of a project to look at reducing the 'time to hire'.

Mrs McKay explained that agency nurses can make a valuable contribution to our service to patients. They are used to fill vacancies at short notice or to assist with patients of particular acuity. They are sourced through reputable agencies to ensure appropriate qualifications and standards.

Mrs McKay explained that the findings of the CQC report in relation to staffing concerned vacancies and inability to fill shifts. This concern related to our ability to flex our staff according to the need of high acuity patients. We have increased our nursing numbers and have more nurses that ever before but the number of high acuity patients has also increased.

Mr Watkins asked what arrangements are in place for recruitment of students qualifying from UEA. Mr Over explained that we are a net importer of nurses but our success in recruitment has improved by recruiting earlier. The number of student nursing places has increased but the impact of changes to future funding arrangements is uncertain and is currently under review.

16/016 **DRAFT QUALITY REPORT 2015/16**

The Council received the draft Quality Report 2015/16. Mr Chapman explained that the production of the report has been co-ordinated by Jane Robey (Head of Transformation and Programmes).

Production of the Quality Report is a statutory requirement and its content is highly prescribed. It includes data concerning performance on a range of quality metrics. Trusts are required to identify areas for improvement and this is satisfied through specifying the Quality Priorities for the coming year. Each Quality Priority has been assigned an Executive Lead to monitor progress.

Every year, the Trust's stakeholders and Governors are invited to comment on the content of the Quality Report, but there is no obligation to do so. Examples of previous comments were provided. Mr Watkins asked what Healthwatch have said about the Report. Mr Garside explained that although invitations to comment have been sent none had been received as yet.

The Council was informed that the Quality Report will be reviewed by the Trust's External Auditors (PWC), to provide an opinion on some of the assurance processes underpinning the report. Each year the Council is asked to select one of our quality indicators to be reviewed by the auditors to provide assurance with regard to the collection and reporting of the data relating to the indicator. At its next meeting the Council will be asked to select which local quality indicator should be reviewed by PWC for the 2016/17 audit.

Mr Labouchere asked if there were any aspects of the Quality Report that Governors should be focussed on in particular. Mr Chapman highlighted that the report provides information on work undertaken to avoid hospital acquired infections, given that we have had two recent cases of MRSA bacteraemia. The Trust's HSMR remains higher than expected and this is being discussed with Dr Foster representatives to identify the underlying causes. A high number of patients are cared for in hospital at the end of life in Norfolk because of the under provision of community based palliative care and it seems very likely that this increases our HSMR.

Mr Fry commented that it is encouraging to see that there has been a 13% reduction in complaints at a time of increased activity and pressure.

16/017 **ARRANGEMENTS FOR COMMUNICATION WITH GOVERNORS**

The Council received a report from Mrs Bradfield concerning arrangements for communication with Governors. Mrs Bradfield asked governors to indicate if they would find it helpful to have anything extra or different by way of communication.

Mrs Bradfield highlighted the existing processes for communication, including updates at every meeting, circulation of team brief, Viewpoint and press releases. Mrs Bradfield asked if that is enough and if governors are getting enough information. There has been mixed feedback concerning communication received from the Trust in that some governors feel they do not receive enough and some feel they receive too much.

Mrs Scarfe asked if Governors could be given forewarning of forthcoming press attention. Mr Davies explained that it is not always possible to provide advance notice of some media reports as we are not always notified to the fact that they are being published. We will make every effort to provide early warning where possible.

It is recognised that it can be uncomfortable for governors to be taken 'off-guard' by negative media stories. Mrs Bradfield explained that it can be difficult to predict what angle the media will adopt on a story or if it will get any coverage at all.

Mr Davies informed the Governors that Viewpoint meetings are held every month to inform staff of latest developments and Governors are welcome to attend any of these sessions.

Mrs Bradfield asked Governors to contact her if they had any suggestions for improvement in current communication arrangements with the Governors. Mr Watkins indicated that the information circulated by Mrs Bradfield is helpful and informative.

Mr Fry highlighted the informal Q&A sessions that have been arranged for governors and highlighted the dates scheduled.

16/018 **DEPUTY LEAD GOVERNOR**

The Council received a report from Mr Garside concerning the role of Deputy Lead Governor.

At its meeting in February, the Council agreed to consider whether to appoint a Deputy Lead Governor to deputise for the Lead Governor. A role description has been developed accordingly based on the existing role description for the Lead Governor, for the Council to consider as part of deciding whether it wishes to create such a role.

Mr Garside explained that whilst there is no obligation to have a Deputy Lead Governor, there is no obstacle to creation of the role providing it does not undermine or 'contradict' the role of Lead Governor that we are required to have. It is a question for the Council to decide.

Mrs Scarfe felt that one of the public governors should be considered for Deputy Lead Governor as this would complement Mr T Davies as Lead Governor. Mrs Scarfe asked how Mr T Davies felt about the proposal. Mr Davies explained that he had no objection to the creation of a deputy, obviously so long as the deputy worked with the Lead Governor. It makes sense in case there is a time that the Lead Governor is not available and, being in full-time employment, there is a limit to how much extra it is possible for him to take on.

Mr Fry emphasised that we have three types of governors (staff, public and partner). It may be that the Council would wish to have a 'balance' between Lead Governor and Deputy Lead Governor from different classes of governor but that can be left open for the discretion of the Council rather than being prescriptive.

The Council **agreed** to establish a role of Deputy Lead Governor in accordance with the draft role description as circulated.

16/019 **DRAFT WORK PROGRAMME 2016/17**

The Council received a report from Mr Garside concerning the draft Work Programme for 2016/17.

Mr Garside explained that the Work Programme has been developed to assist preparation of Council meetings in 2016/17. Issues concerning quality, safety, workforce, performance and finance will be included as part of the Integrated Performance Report.

At its next meeting the Council will receive information concerning charitable fund raising and the Annual Report for Infection Prevention and Control. Information concerning the Trust's plans for Electronic Patient Record will be provided in October. Updates on strategic developments will be provided as a regular item at all meetings, as before.

The Trust's volunteers play an integral role in many areas of the Trust and the volunteers staff will be invite to provide the Council with an insight into their work at a future meeting. Consideration will also be given to inviting staff to talk about end of life care and also our new Director of Research and Innovation to talk about our work to develop research within the Trust.

Governors were invited to indicate if there were any other items that they would like to see incorporated into the programme for future meetings and the Council **agreed** its work Programme for 2016/17.

16/020 **ADVANCE NOTICE QUESTIONS**

No advance notice questions had been submitted.

16/021 **ANY OTHER BUSINESS**

Mr Labouchere asked if the E-prescribing system has been implemented across the Trust and if this had assisted in reducing the number of delayed discharges due to delayed provision of medicines. Mrs McKay explained that there are many factors that may cause delayed discharges. The most significant of these are to do with the provision of care and services outside the hospital and a number of projects have been implemented to address issues causing delays.

Mr Chapman explained that the Electronic Prescribing and Medicines Administration (EPMA) system enabled prescriptions to be written on a computer rather than a paper drug chart. The EPMA has been implemented widely across the in-patient areas of the Trust but there are still some further areas to cover in due course, including maternity, out-patients and A&E. The system is expected to reduce errors and assist in the process of writing Electronic Discharge Letters. Mr Chapman informed the Governors that the EPMA had assisted in identifying and preventing over 1,000 medication errors since its introduction. Systems for identifying such potential errors were in place prior to its introduction of the EPMA but the system is now helping to pick up these issues in a consistent way.

Mrs McKay explained that another benefit of the EPMA is compliance with Thrombosis Risk Assessment. This is over 95% following introduction of the EPMA system. Mr Burgess indicated that it does take a little while to get used to the system. Miss Ginty commented that once people are used to the system they find it very helpful.

NNUH and JPUH have jointly purchased the software to implement the EPMA across both sites and the Queen Elizabeth Hospital in Kings Lynn is also now considering introduction of the system. This is a further example of collaboration between the acute trusts in this region, to the benefit of patients across Norfolk.

16/022 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Council of Governors will be at 10am on Thursday 28 July 2016 in the Boardroom of the Norfolk and Norwich University Hospital

Signed by the Chairman: ……………..……………………… Date: ……………………………………

**Action Points Arising:**

| | **Action** |
|---|---|
| 16/013 | Carried forward. Arrangements will be made for governors to receive a briefing on our plans for implementing an electronic patient record. **Action: Mr Garside** |